

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)**FILED****(CFA-4)****Summary Sheet**

2012 JAN 18

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.PEBBY H  
CLEAN  
HAMPSON PIS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)

☐ Check if this is a new name

Shamrock PAC

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 903-6785

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

16615 Downstream Dr

5. City, State, ZIP Code

Noblesville, IN 46062

6. Party Affiliation (if applicable)

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

**TYPE OF REPORT**

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final/Disbands Committee (lines 16, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)**CONVENTION CANDIDATES ONLY**

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: 1/1/11

Through: 12/31/11

COLUMN A  
This PeriodCOLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

105,756.47

14. Cash on hand and investments January 1, current year.

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

2,500

15b. Unitemized

10

15c. Add lines 15a and 15b in both columns

SUBTOTAL

2,510

0.00

0.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

108,266.47

0.00

0.00

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

13,300

17b. Unitemized

-

17c. Add lines 17a and 17b in both columns

SUBTOTAL

13,300

0.00

0.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

94,966.47

0.00

0.00

19. Debts OWED BY the committee (use Schedule D)

-

20. Debts OWED TO the committee (use Schedule E)

-

**VERIFICATION**

OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title

Treasurer

Date

1-17-12

Date

For sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly  
person who fails to file a complete or accurate report as required by the Indiana  
and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)**FOR OFFICE USE ONLY**FILED  
JAN 18 2012  
PEBBY H  
CLEAN  
HAMPSON P

2012 JAN 18 AM 11:05

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OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)                                  | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE<br>RECEIVED<br>RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. Alyssa & Freddie Prazean<br>8917 N. Whitetail Trl<br>McCordsville, IN 46055<br>Contributor's Occupation (if required) <u>Consultant</u> | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify) | \$2,500                           |  | 10-20-12                        |
| 2.<br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 3.<br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 4.<br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| 5.<br>Contributor's Occupation (if required) _____   | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc. (specify)            |                                   |  |                                 |
| SUBTOTAL THIS PAGE OF SCHEDULE A   |   | \$ 0.00                           |  |                                 |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)                                   |   | \$2,500                           |  |                                 |



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(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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| RECIPIENT'S NAME AND MAILING ADDRESS<br><small>(street, number, city, state, ZIP code)</small>                          | RECIPIENT'S OCCUPATION                       | TYPE OF EXPENDITURE<br>and<br>PURPOSE <small>(be specific)</small>  | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|---|--|---|-----------------------------------|--|------------------------|
|   | OFFICE SOUGHT <small>(if applicable)</small> |   |                                   |  |                        |
| Code <u>C</u><br>Cook For Mayor<br>3306 Carey Glen Ct<br>Westfield, IN 46074  | Westfield Mayor<br><br>Same as above         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 7,000                             |  | 10-18                  |
| Code <u>C</u><br>Cook For Mayor<br>3306 Carey Glen Ct<br>Westfield, IN 46074  | Westfield Mayor<br><br>Same as above         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 4,000                             |  | 11-5                   |
| Code <u>0</u><br>Andrew Greider   |  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,000                             |  | 10-17                  |
| Code <u>0</u><br>vine + table   |  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | <del>3,000</del><br>300           |  | 11-25                  |
| Code <u>0</u><br>Andrew Greider   |  | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose: | 1,000                             |  | 11-28                  |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |                        |
| Code _____  |  | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:            |                                   |  |                        |
| SUBTOTAL THIS PAGE OF SCHEDULE B  |  |   | \$ 0.00                           |  |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br><small>(Enter total on ITEM 17a of the Summary Sheet)</small> |  |   | \$ 13,300                         |  |                        |